



South Carolina Multi-Agency Partnership Portal

Quick Reference Guide

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Welcome to SCMAPP

About SCMAPP

SCMAPP is the fast and easy way to apply online for benefits for health and human services programs anytime and anywhere.

Use SCMAPP to find out if you qualify for programs, apply for new benefits, to finish an application or to check an application's status.

By using SCMAPP you can apply at any time during the day or night from home, a library or any location with internet access.

SCMAPP Security

SCMAPP is security, private, and confidential. Information entered into SCMAPP is protected through an encryption process.

A user identification and password ensures confidentiality once the application is received. Individuals can use their unique user identification and password to check on the status of their application after it is submitted or to save their application in order to gather additional information.



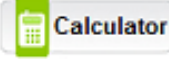

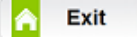



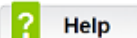
Basic Navigation Tips

On each page, answer the questions the best you can. If you're using this website for someone else, answer the questions as if you were that person.


You'll see some questions with a star (*) next to them. You **must** answer these questions before you can go on to the next page.






Please do not use the Forward, Back or Stop buttons on your browser. Instead, use the SCMAAPP buttons at the bottom of each page. You can click on these to move between pages:

Buttons

Next		Click the Next button when you're done with a page and ready for the next questions.
Back		Click the Back button if you need to go back to a page to change your answers.
Calculate		Click the Calculate button if you need help adding amounts.
Change		Click the Change button if you need to change any information in the Summary page.
Exit		You'll see this item when using the Am I Eligible? tool. When you're using Am I Eligible? , click the Exit button to clear all of your answers and go back to the home page. Please don't click this button unless you're done using Am I Eligible?
Submit		When you're using Apply For Benefits, you'll see this button at the bottom of most pages. Click this button if you're ready to electronically sign and submit your application.
Submit Application		Click Submit Application to send your application.
Print		Click this button to print a copy of your application.
Help		Click the Help button if you have a question about what we're asking or if you don't know how to answer a question.

Along the way you'll see these items, too:

Progress Bar		The progress bar shows you how close you are to being finished. Click on the green check at any time to go back to that section.
--------------	---	--

		The check mark means you have completed the section.
		The arrow means you are working in that section.
		Shows the sections that have not been completed.
Eligibility Results		The green check mark means you may be eligible for the program.
		The red X means your household does not appear to be eligible for the program.

Links

Links will appear in blue or as undelined text throughout the online application. Clicking on a link will display a new page with additional information described in the link.

A permanently disabled person is someone who receives one or more of the following or meets the Social Security definition attached. [click here](#) for more information

Radio Button

A radio button or option button allows you to select from the options given in the application.

Are you homeless? ☐ Yes ☐ No

Check Boxes

A check box will allow you to select multiple options in the application.

*** Pregnancy**

Is anyone in your home pregnant?

☐ No one



Drop-Down Boxes

A drop-down box allows you to select information from a list.

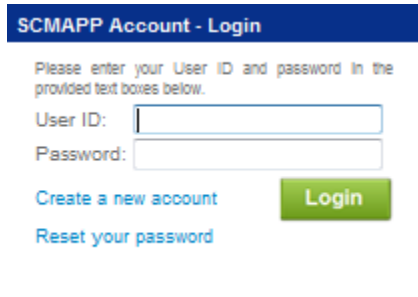
What county do you live in?

Creating an SCMAPP Account

Register as a New User

To submit an application online, you must create a new SCMAPP user name and password.

1. Click the link that reads "Create a new SCMAPP account"



SCMAPP Account - Login

Please enter your User ID and password in the provided text boxes below.

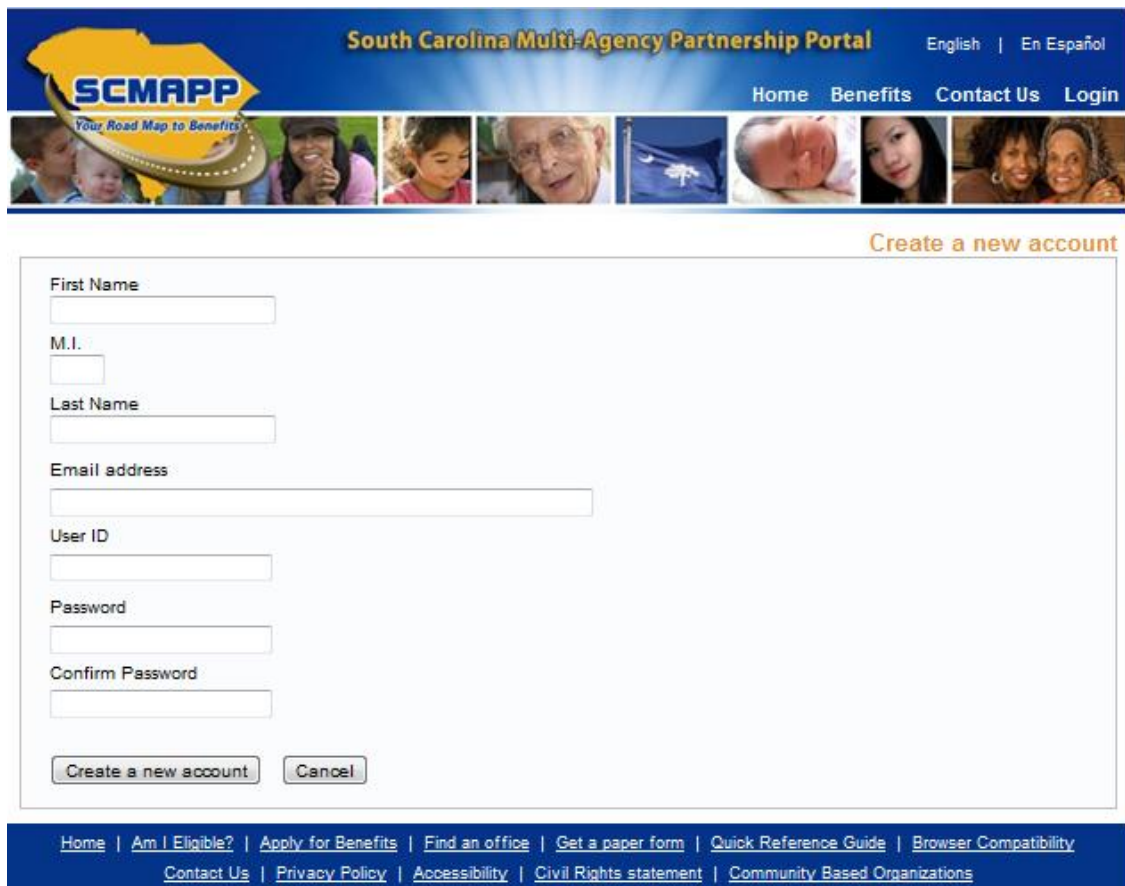
User ID:

Password:

[Create a new account](#)

[Reset your password](#)

2. Enter the requested information to create a User ID and Password.



South Carolina Multi-Agency Partnership Portal English | En Español

Home Benefits Contact Us Login

SCMAPP
Your Road Map to Benefits

[Create a new account](#)

First Name

M.I.

Last Name

Email address

User ID

Password

Confirm Password

[Home](#) | [Am I Eligible?](#) | [Apply for Benefits](#) | [Find an office](#) | [Get a paper form](#) | [Quick Reference Guide](#) | [Browser Compatibility](#)
[Contact Us](#) | [Privacy Policy](#) | [Accessibility](#) | [Civil Rights statement](#) | [Community Based Organizations](#)

3. Click Create a new account
4. Your username has now been created and you may log in to your SCMAPP Home Page.

Important: Be sure to write down your username and password and keep them in a safe place.

Signing In

Once you have created an SCMAPP username and password, you may log in to your Home Page

1. Use the SCMAPP Account Sign- In at the bottom corner of the page.
2. Enter your User ID and Password
3. Click Sign In

SCMAPP Account - Login

Please enter your User ID and password in the provided text boxes below.

User ID:


Password:


[Create a new account](#)

[Reset your password](#)

Get Started Now

Am I Eligible?

Click the  button on the SCMAPP homepage to fill out a short questionnaire. You will be asked to answer several confidential questions about yourself and the members of your household. Based on your answers, you will be able to view the benefits you may be eligible for. This will save you time before completing an entire application.

1. Getting Started – This section explains the process of screening for benefits.
 - a. You may select to start a new “Am I Eligible?” without creating an SCMAPP account
Or
 - b. Create a new SCMAPP account – [See Creating an SCMAPP Account](#)
 - c. Click 

Am I Eligible?

Getting Started

10 Minutes
It will take about 10 minutes to complete Am I Eligible.


Before you start, you may need the following information to help you complete this process.

- Household information for jobs, child support and other income.
- Social Security numbers and birth dates of household members.
- Current or recent health insurance information.
- Housing and utility expense information.
- Proof of citizenship and identity if you are a U.S citizen. Example: Birth Certificate; Driver's License; State ID.
- Non U.S citizens must provide documentation of showing lawful residence in the U.S.
- Resource information such as bank accounts, vehicles, homes, property, insurance, etc.

Your information is secure
The information you put in "Am I Eligible" is NOT seen by anyone but you.

SCMAPP Account (User ID and Password)
We recommend that you create an SCMAPP account so you can save your information and return to it later. Once you create your account, you can exit at any time and your information will be saved. To return to your information later click Sign In.

What would you like to do?


 ☐ Start a new "Am I Eligible" without creating an SCMAPP account

☐ Create a new SCMAPP account (Recommended)

Student Rules

[Special Student Rules for Food Benefits](#)

Click on the link above, if you are a student of higher education, in order to see if you may be eligible for food benefits. Note: Even if you yourself are not eligible for food benefits, other family members may be able to qualify.

Next 

2. Applicant Information – Add information about yourself, then click 

Applicant Information

Please give us information about yourself.

Your Information

First Name

Jane

Age

25 years old

* Gender?

☐ Male

☒ Female

Does this person receive Supplemental Security Income (SSI) or Social Security disability payments?

☐ Yes

☒ No

Is this person a U.S. citizen or legal permanent resident?

☒ Yes

☐ No

[Definition of a qualified immigrant.](#)

People in Your Home

Is there anyone else in your home?

☒ Yes

☐ No



Exit



Help

Next



3. People in Your Home – Add information about all members of your household and answer the questions about the household. . Depending on your answer to these questions you may have to answer questions about individual household members. Click

Next



Am I Eligible?

People in Your Home

Please tell us about the next person in your home

Person Living with Jane

First Name

joe

Age

5 years old

How is this person related to you?

child



Gender?

☒ Male

☐ Female

Does this person receive Supplemental Security Income (SSI) or Social Security disability payments?

☐ Yes

☒ No

Is this person a U.S. citizen or legal permanent resident?

☒ Yes

☐ No

[Definition of a qualified immigrant.](#)

Other People in Your Home

Is there anyone else in your home? ☐ Yes ☐ No



Exit



Help



Back

Next



People in Your Home

Pregnancy

Is anyone in your home pregnant?

☒ No one



☐ Jane

Permanently Disabled

A permanently disabled person is someone who receives one or more of the following or meets the Social Security attached.

- Social Security disability payments or Supplemental Security Income (SSI) disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency

[For more information](#)

Who is permanently disabled?

☒ No one



☐ Jane



☐ joe



Example of "People in Your Home" screen

A summary screen will appear showing the information that you have provided. When all information has been verified, click .

If changes need to be made to any household member, click the button.

If a household member needs to be removed, click the button






People in Your Home

Here is some information you told us.

If you need to change any information, use the Change button.

If you need to remove a person, use the Remove button.

People Summary

Household Member	Information	Action
 Jane	25 years old US Citizen or Legal Permanent Resident	 Change
 joe	5 years old US Citizen or Legal Permanent Resident child/step child	 Change  Remove

- Income – Answer income questions about your household. Depending on your answer to these questions you may have to answer questions about individual household members. Click [Next >](#).

Income

Tell us about your household income.

Job Income

Does anyone have a job or is self employed? (Check all that apply.)

☐ No one



Jane

☒ Job (paycheck)

☐ Self Employed (Receiving cash or a check for work using your own tools and/or materials)

Other Types of Income

There are other ways to receive money. Some common types are:

- | | | |
|--|---|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Veteran's benefits |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Interest or dividends | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Tribal per capita payments | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Disability payments | | |

Does anyone receive these or other types of income?

☐ No one



☐ Jane



☒ Joe



Exit



Help



Back

Next




Am I Eligible?

Income

Tell us about your household income.

Job Income

Please fill out one line for each job Jane has. Include the money Jane earns before deductions are taken out of Jane 's paycheck. Include tips, bonuses and overtime pay.



Jane

How often are you paid?

How much is your average paycheck?

Job #1	<Nothing selected>	\$0
Job #2	<Nothing selected>	\$0
Job #3	<Nothing selected>	\$0

Exit

Help

Back


Next

Example of "Income" screen

Am I Eligible?

Other income

How much money does joe receive each month from any place other than a job? (Leave blank any that don't apply.)



joe

Workers Compensation	\$0	per month
Supplemental Security Income (SSI)	\$0	per month
Social Security	\$0	per month
Child support	\$0	per month
Unemployment benefits	\$0	per month
Other income	\$0	per month

Calculator

Exit

Help

Back

Next

Example of "Other Income" screen

5. Resources – Provide resource information for all household members such as bank accounts, vehicles, homes, and property. Depending on your answer to these questions, you may have to answer individual questions about individual household members.

Click 



Am I Eligible?

Resources

A resource is anything that can be sold, traded, or changed into cash. It can be anything you are buying or own individually or with someone else. Do not report personal property such as jewelry, furniture, household appliances, or clothing. Examples of resources are land, livestock, stocks/bonds and mineral rights.

Resources

How much money do you and the people in your home have in resources?

6. Expenses – Answer expense questions about the household. Depending on your answer to these questions, you may have to answer individual questions about individual household members. Click . If you need assistance adding up your bills, click the  button.

Am I Eligible?

Expenses

Jane , you are almost done! Just a few more questions.

Housing Expenses

How much money do you and the other people in your home pay for rent or mortgage, property taxes and property insurance each month? \$ per month

Do you pay for gas, electricity or propane? ☐ Yes ☐ No

Is gas, electricity or other fuel used for heating or cooling your home? ☐ Yes ☐ No

Do you pay for water and sewage? ☐ Yes ☐ No

Do you pay for garbage? ☐ Yes ☐ No

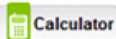
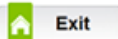
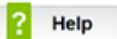
Do you pay for telephone service (such as a cell phone or home phone)? ☐ Yes ☐ No



How much money do you and the other people in your home pay each month for the utilities listed above? \$0 per month


Other Expenses

How much money do you and the people in your home pay for child care or dependent care while working or looking for work? \$0 per month

How much money do you and the people in your home pay for court ordered child support to someone outside your home? \$0 per month

 Calculator  Exit  Help





 Back  Next






A summary screen will appear showing the information that you have provided. When all information has been verified, click .

If changes need to be made to any household member, click the  button.



Am I Eligible?

View Results
If you need to change any information, use the Change button.
Click the Next button to view your results.

Household Member	Information	Action
 Jane		 Change
 joe		 Change

 Exit  Help  Back  Next 

A results screen will appear showing the programs you **MAY** be eligible for.

	This symbol means based on the information you provided in the eligibility screening, you may be eligible for the program.
	This symbol means based on the information you provided in the eligibility screening, you do not appear to be eligible for the program.

Your results

Jane, here are your results. Remember, these are just estimates.

Supplemental Nutritional Assistance Program (SNAP)

It looks like your household qualifies for Expedited [Food Benefits](#). That means you may be able to get Food Benefits in 7 days.



It looks like your household may be able to get \$330 - \$360 in [Food Benefits](#) each month. The amounts are only estimates and the final amount will not be known until your application is processed.



Family Independence(TANF)

It looks like your household may be able to get \$172 each month. The amounts are only estimates and the final amount will not be known until your application is processed.



Refugee Assistance

Your household does not appear to be eligible for Refugee Assistance.



Create an SCMAPP Account for return viewing of all your information.

This will save your information so you can return and view your screening assessment later.

[Create an SCMAPP Account.](#)

[Login with an existing SCMAPP Account.](#)

Next Steps

This short form tells you which benefits you might be able to get. The results are not final. If you apply for benefits, you might get different results. If you want to apply for benefits now, click on the button below.

Apply for Benefits

[START OVER](#)



Exit



Help



Back




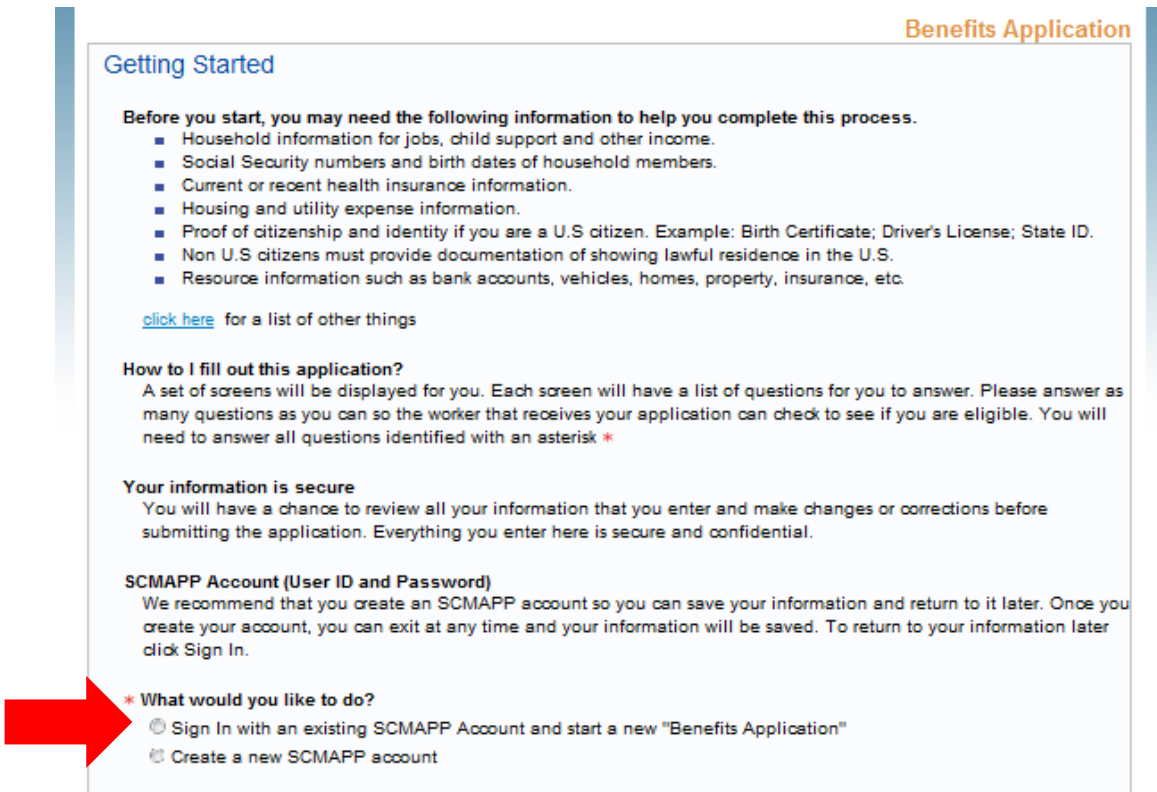
Next

You may now apply for the benefits for which you or a household member may qualify by clicking the **Apply for Benefits** button.

Apply for Benefits

Click the  button on the SCMAPP homepage to start a new application.

1. Getting Started – This section will explain what information you will need to complete the application, what to expect when filling out the application, and security information.
 - a. Sign in with your SCMAPP account to start a new application
Or
 - b. Create a new SCMAPP account – See Creating an SCMAPP Account
 - c. Click 



Benefits Application

Getting Started

Before you start, you may need the following information to help you complete this process.

- Household information for jobs, child support and other income.
- Social Security numbers and birth dates of household members.
- Current or recent health insurance information.
- Housing and utility expense information.
- Proof of citizenship and identity if you are a U.S citizen. Example: Birth Certificate; Driver's License; State ID.
- Non U.S citizens must provide documentation of showing lawful residence in the U.S.
- Resource information such as bank accounts, vehicles, homes, property, insurance, etc.

[click here](#) for a list of other things


How to I fill out this application?
A set of screens will be displayed for you. Each screen will have a list of questions for you to answer. Please answer as many questions as you can so the worker that receives your application can check to see if you are eligible. You will need to answer all questions identified with an asterisk *

Your information is secure
You will have a chance to review all your information that you enter and make changes or corrections before submitting the application. Everything you enter here is secure and confidential.

SCMAPP Account (User ID and Password)
We recommend that you create an SCMAPP account so you can save your information and return to it later. Once you create your account, you can exit at any time and your information will be saved. To return to your information later click Sign In.

*** What would you like to do?**

- ☒ Sign In with an existing SCMAPP Account and start a new "Benefits Application"
- ☐ Create a new SCMAPP account


2. Common Terms Used In The Application – Describes several terms that are used frequently throughout the application process. Click  to continue.

* Common Terms Used In The Application

What do the words used in the application mean?

This chart explains the words we have used in the application:

Benefit Group (BG)	The group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in an FI case. BG members include sanctioned and disqualified individuals as well as Family Cap children.
Caretaker	A parent or relative who applies for FI for children in their care.
Disqualification/Sanction	The action taken to remove an individual from a SNAP or FI case for failure to meet or comply with a program requirement.
Electronic Benefit Transfer (EBT)	The system used in South Carolina to pay benefits to individuals who are eligible for SNAP benefits. Individuals receiving assistance are issued an EBT debit card, which is used to access their SNAP accounts.
ePay	A payment method for eligible FI recipients. FI benefits are electronically deposited into a debit account. Recipients are issued an ePay card to access their benefits.
Household Members	Individuals who live in your home.
	Payments such as wages, salaries, commissions, bonuses, worker's compensation,

3. Rights and Responsibilities – Check the box at the bottom of the page after reading and understanding the rights and responsibilities. Click  to continue.

* Rights and Responsibilities

Confidentiality

- The information that you give to DSS will be kept confidential.

Exceptions:

- Information may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending fleeing felons or probation/parole violators.
- You agree that confidential information about you and/or your family may be released to other organizations if it is directly related to the operation of FI, RA and the SNAP.

Social Security numbers

In order to get benefits from the FI, SNAP and other programs:

- You must provide or apply for a Social Security number (SSN) for those persons who want to get FI and/or SNAP. Although SSNs are not required for

Varied Benefits

- If you receive child support through CSED, your SNAP benefits may change from month to month because of any changes in the child support you receive.

Work/Training Programs

- You must participate in a work or training program in order to receive FI or RA benefits, unless you are exempt from the work program requirement.


Verification.

- A DSS worker may need to contact other people or organizations (neighbors, banks, employers, etc.) in order to verify your income, bank accounts, alien status, medical/shelter expenses, insurance/retirement benefits, medical history and any other fact that relates to your eligibility for FI, RA or SNAP benefits.
- For SNAP, failure to report or verify any deductible expenses will be seen as a statement that your

Please read the Rights and Responsibilities statement to continue with the application.



☒ I acknowledge reading and understanding my Rights and Responsibilities.

4. Choose Benefits – Select all of the benefits for which you or someone in your household is applying. Click  to continue.
- a. Supplemental Nutrition Assistance Program (SNAP) / Food Stamps
 - b. Family Independence (TANF)
 - c. Refugee Assistance

Benefits Application


Choose Benefits

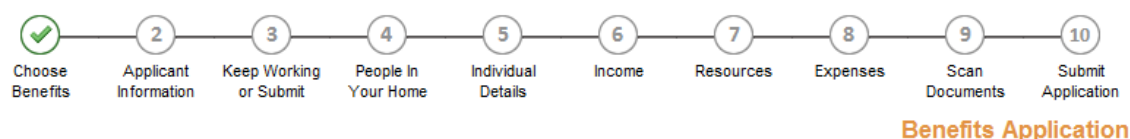
What benefits would you like to apply for?

☒ **Supplemental Nutrition Assistance Program (SNAP)/Food Stamps**
(Formerly known as Food Stamps) This program will help you buy food for your family.
You may get SNAP benefits within 7 calendar days if: your SNAP household has less than \$150 in monthly gross income and liquid resources such as cash, checking or savings accounts are less than or equal to \$100 or; your rent/mortgage and utilities are more than your household's combined monthly income and liquid resources or; a member of your household is a migrant or seasonal farm worker who is considered destitute. Failure to answer the questions on this application may result in our inability to determine your eligibility for expedited services.

☒ **Family Independence (TANF)**
This program may pay you a monthly cash benefit for households with dependent children, under the age of 18, living in your household. It may help you train for work and look for a job and pay child care and transportation costs.

☐ **Refugee Assistance**
This program provides cash assistance to adult refugees without dependent children, as well as other social service benefits available through the Refugee Resettlement Program.

5. Applicant Information – Enter the head of household information. Your name and address are required to submit the application. Click  to continue.



Applicant Information

Please give us information about yourself.

* Your name

First Name
Middle Initial (optional)
Last Name

* Where do you live

What county do you live in?

Home Address (Street, Apt #, PO Box)

City State Zip Code

Mailing Address (if different from above)

City State Zip Code

Are you homeless? ☐ Yes ☒ No

Exit

Help

[Go back to home page.](#)

Next

6. Keep working or submit – You have provided the minimum required information to submit an application. This will only start the application process. You will need to provide additional information during an interview.

* Keep Working or Submit

Would you like to submit your application now?

If you submit your application now there is only enough information to begin processing these applications:

- Supplemental Nutritional Assistance Program (SNAP)
- Family Independence (TANF)
- Refugee Assistance

You are not done. There are more questions left to answer. If you finish the entire application now it will help us process it more quickly. If you don't finish it now, you will have to answer all the questions during an interview.

Do you want to:

- ☐ Keep working on my application
- ☐ Submit my application now


Exit

Help

[Go back to home page.](#)

Back

Next

7. People in Your Home – Add all of the information about the people living in your home. Click  to continue.

Benefits Application

Applicant Information

Please give us information about yourself.

Is this person of Hispanic or Latino origin? ☐ Yes ☐ No

Please select your race. (This information is for statistical purposes only)

☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian/Oriental
☐ Hawaiian or Pacific Islander ☐ White







Select your primary language


☐ English
☐ Spanish
☐ American Sign Language
☐ Other – Specify

*** Assistance during an interview**

Do you need an interpreter? ☐ Yes ☐ No

Do you have a physical or mental condition that requires special help for your interview? ☐ Yes ☐ No

 [Exit](#)  [Help](#)  [Submit](#) [Go back to home page.](#)  [Back](#)  [Next](#) 

8. Household Details – Answer questions about the household and each individual household member. Click  to continue.

Applicant Information

Please give us information about yourself.

Date of Birth mm/dd/yyyy

Gender? ☐ Male ☐ Female

Does this person receive Supplemental Security Income (SSI)? ☐ Yes ☐ No

Do you have a Social Security number? ☐ Yes ☐ No

If yes, enter Social Security Number - -

Are you permanently disabled? ☐ Yes ☐ No

Contact Information

Area Code Phone number

Contact Phone: - -

Alternate Phone: - -

Email address

Alternate email address

What is the best way to get in touch with you by phone?

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M?



Exit



Help



Submit

[Go back to home page.](#)



Back

Next



Example of "Applicant Information" screen

Applicant Information

Please give us information about yourself.

Authorized Representative

Would you like someone not in your home to complete your interview for you as your authorized representative?

Name of person or agency First Name Last Name

Address

City State Zip Code

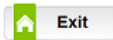
Phone number - -

Benefit History

Have you received SNAP or TANF benefits in another state? ☐ Yes ☐ No If yes, which state?

Have you received Supplemental Nutritional Assistance (SNAP) in South Carolina before? ☐ Yes ☐ No
If yes, do you still have your South Carolina EBT card? ☐ Yes ☐ No

Have you received Family Independence (FI) in South Carolina before? ☐ Yes ☐ No
Choose Benefits ☐ Yes ☐ No

[Exit](#)[Help](#)[Submit](#)[Go back to home page.](#)[Back](#)[Next](#)

Example of "Applicant Information" screen

Expedited Food Stamps/SNAP Benefits

You may get SNAP benefits within 7 calendar days if: your SNAP household has less than \$150 in monthly gross income and liquid resources such as cash, checking or savings accounts are less than or equal to \$100 or; your rent/mortgage and utilities are more than your household's combined monthly income and liquid resources or; a member of your household is a migrant or seasonal farm worker who is considered destitute. Failure to answer the questions on this application may result in our inability to determine your eligibility for expedited services.



Jane

☐ Check this box if you or anyone living with you is a migrant seasonal farm worker.

Has migrant/seasonal farm worker's income stopped? ☐ Yes ☐ No

How much are you billed for rent or mortgage? \$0

How much are your monthly utility bills (electricity, propane, water, garbage, telephone, cell phone) \$0

How much gross income will your household get this month? \$0

When: mm/dd/yyyy

How much income does your household expect to receive this month from a new source? \$0

When: mm/dd/yyyy

How much does the household have in cash, checking and savings account? \$0



Exit



Help



Submit

[Go back to home page.](#)



Back



Next

* People in Your Home

You have told us about



Jane

Is there anyone else in your home? ☒ Yes ☐ No



Exit



Help



Submit

[Go back to home page.](#)



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Next

If there is anyone else in your home, the application will collect information about them.

People in Your Home

Please tell us about the next person in your home

* First Name

Middle Initial (optional)

Last Name

Date of Birth mm/dd/yyyy

Gender? ☒ Male ☐ Female

Receives Supplemental Security Income/State Supplemental Payment (SSI/SSP)? ☒ Yes ☐ No

Does this person have a Social Security number? ☒ Yes ☐ No

If yes, enter Social Security Number - - or

Check this box if you do not know this person's Social Security number, or if they do not have one. ☐

Is this person permanently disabled? ☒ Yes ☐ No

How is this person related to you?

Do you buy and cook food with this person? ☒ Yes ☐ No

* Is there anyone else in your home? ☐ Yes ☒ No

[Exit](#)
[Help](#)
[Submit](#)
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A summary screen will appear showing the information that you have provided. When all information has been verified, click [Next](#).

If changes need to be made to any household member, click the [Change](#) button.

If a household member needs to be removed, click the [Remove](#) button



People in Your Home

Here is some information you told us.

If you need to change any information, use the Change button.

If you need to remove a person, use the Remove button.

People Summary

Household Member	Information	Action
 Jane	Birth date is Does not receive SSI or Social Security Disability Payments Social Security Number is :	 Change
 Joe	Birth date is Receives SSI or Social Security Disability Payments Permanently disabled Relationship: Child	 Change  Remove

Individual Details

Even if you are not a US citizen and are not a Legal Permanent Resident, you may be able to get SNAP (Food Stamps) or Family Independence (TANF) for your children or other family members that are US citizens or Legal Permanent Residents.

Here are questions about immigration status. Getting SNAP (Food Stamps) or Family Independence (TANF) will NOT affect your immigration status, or the immigration status of your family.

US Citizen Information

Who is a U.S. Citizen?



☐ Jane



☐ Joe

Immigrant Information

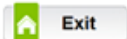
Who is a Legal Permanent Resident?



☐ Jane



☐ Joe



[Go back to home page.](#)



Individual Details

Next we will ask you about the health of the people in your household.


* Permanently Disabled

A permanently disabled person is someone who receives one or more of the following or meets the Social Security definition attached.
[click here](#) for more information


- Social Security disability payments or Supplemental Security Income (SSI) disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency

Who is permanently disabled?

☐ No one



☐ Jane




☒ Joe


* Pregnancy


Is anyone in your home pregnant?


☐ No one




☐ Jane


 Exit

 Help

 Submit

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Example of “Individual Details” screen

* Individual Details

Is anyone in your household running from the law to avoid felony prosecution, violation of probation or parole, being taken into custody or going to jail for a felony/attempted felony?

☐ No one



☐ Jane

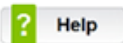
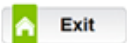
* People in Your Home

Have you been convicted of a drug related felony that you committed after August 22, 1996?

☐ No one



☐ Jane



[Go back to home page.](#)



Example of "Individual Details" screen

* Living Arrangements

Does anyone live in any of the following?

☐ No one



☐ Jane



☐ Joe

- ☐ Homeless shelter
- ☐ Drug/Alcohol rehabilitation center
- ☐ Group living arrangement for the blind/disabled
- ☐ Shelter for battered women
- ☐ Nursing Home
- ☐ Boarding Home
- ☐ College Housing
- ☐ Mental Institution
- ☐ Correctional facility/Penal institution
- ☐ Rent a Room/Have a Roommate
- ☐ Hospital/Medical Institution

* Benefits Stopped

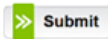
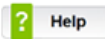
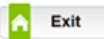
Have your SNAP (Food Stamps) or Family Independence been stopped for anyone because of

- ☐ Work or training sanctions
- ☐ Intentional Program Violation

☐ No one



☐ Jane



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Benefits Application






Individual Details


Here is some information you told us.

If you need to change any information, use the Change button.

Individual Summary

Household Member	Information	Action
 Jane		 Change
 Joe	Permanently disabled	 Change

 Exit
  Help
  Submit
 [Go back to home page.](#)
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9. Income – Answer income questions about the household. Depending on your answer to these questions, you may have to answer individual questions about individual household members. Click  to continue.


Benefits Application

* Job Income

Who is currently employed or self employed or is expecting to work in the next two months?

- A job is receiving a paycheck received from an employer
- Self employment is receiving cash or a check for work using your own energy, tools and/or materials

☐ No one



 Jane

☐ Job
☐ Self-employed

* School or Training

Does anyone, 16 years of age or older go to high school, college, or a training program?

☐ No one


☐ Jane

Income

You are doing a great job, Jane

Other income

- Cash assistance (Family Independence (TANF), Refugee Assistance, Alimony
- Child/Spousal support
- Educational grants, loans and/ or scholarships
- Meals
- Other disability, retirement, survivors benefits
- Per capita payments
- Rail Road retirement board (Disability or Retirement)
- Rental Income
- Social Security Benefits or SSI
- Strike pay/benefits
- Training allowances
- Unemployment Benefits
- Winnings (bingo, lottery, gambling, etc)
- Workers Compensation
- Veterans Administration payments (Disability, Education, etc)
- Other

Does anyone receive income from any of the sources listed above?

☐ No one



☐ Jane



☐ Joe



Exit



Help



Submit

[Go back to home page.](#)





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Example of "Income" screens

A summary screen will appear showing the information that you have provided. When all information has been verified, click .





If changes need to be made to any household member, click the  button.

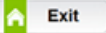
Income

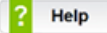
Here is some information you told us.


If you need to change any information, use the Change button.

Income Summary


Household Member	Information	Action
 Jane	Employed	 Change
 Joe	Income : no income	 Change


 Exit

 Help

 Submit

[Go back to home page.](#)

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Next 

*** Resources - Accounts**

Does anyone in your household, including children, have any of the resources listed below?

<input type="checkbox"/> Checking accounts	<input type="checkbox"/> Credit union accounts	<input type="checkbox"/> Money market funds
<input type="checkbox"/> Savings accounts	<input type="checkbox"/> Certificate of deposit	<input type="checkbox"/> Christmas Club

☐ No one



☐ Jane



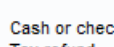
☐ Joe

*** Resources - Other**


Does anyone in your household, including children, have any of the resources listed below?

<input type="checkbox"/> Cash or checks	<input type="checkbox"/> Stocks and/or bonds	<input type="checkbox"/> Keogh
<input type="checkbox"/> Tax refund	<input type="checkbox"/> Trust funds	<input type="checkbox"/> Mandatory Retirement
<input type="checkbox"/> Retroactive social security	<input type="checkbox"/> IRA	<input type="checkbox"/> Other Assets
<input type="checkbox"/> Lottery or casino winnings		

☐ No one



☐ Jane

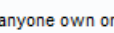
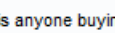


☐ Joe

* **Real Estate Property**

Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)?

☐ No one

☐ Jane
 ☐ Joe

Example of “Resources” screen

Example of “Resources” screen

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[Next](#)

11. Expenses – Answer expense questions about the household. Depending on your answer to these questions, you may have to answer individual questions about individual household members. Click [Next](#) to continue.

Expenses

If you and your spouse or another person pay bills together, only select one person.

* Housing Bills

Housing bills are rent, mortgage payments, property taxes, regime fee, home insurance, temporary housing.

Who pays housing bills?

☐ No one



☐ Jane

* Utility Bills

Who pays utility bills such as gas, electricity, propane, water, sewage, garbage, telephone or cell phone service, wood and kerosene.

☐ No one



☐ Jane

* Room and/or Meals

Does anyone rent a room or buy meals from someone else?

☐ No one



☐ Jane

Expenses

If you and your spouse or another person pay bills together, only select one person.

* Child Care or Dependent Care

Child care or dependent care is paid so someone can go to work, school, job training or to look for a job.

Who pays child care or dependent care for a person living in your home?

☐ No one



☐ Jane

* Child support

Who pays child support payments?

☐ No one



☐ Jane

* Medical Bills

Who is 60 years of age or older and disabled with medical bills?

☐ No one



☐ Jane



☐ Joe



Exit



Help



Submit

[Go back to home page.](#)




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Next

Example of "Expenses" screen

A summary screen will appear showing the information that you have provided. When all information has been verified, click .





If changes need to be made to any household member, click the  button.


Expenses


Here is some information you told us.


If you need to change any information, use the Change button.

Expense Summary


Household Member	Information	Action
 Jane		 Change
 Joe		 Change


 Exit

 Help

 Submit

[Go back to home page.](#)

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 Next

Information will be provided about the type of information you will need as proof for the answers you gave.

Benefits Application


Food Stamps Documents

You will need to provide documents as proof of the answers you gave.

Please provide ONE of the following from each category.

If you don't have all your documents your eligibility worker can help you get them during your interview.

<u>Category</u>	<u>Documents</u>
Identity of applicant	Birth certificate ■ driver's license ■ paycheck ■ voter registration card ■ school records ■ U.S. passport
Residence	driver's license ■ check stub ■ Rent or mortgage receipt ■ utility bill
Earned income	Dated check stubs for the last 30 days ■ statement from your employer ■ copy of last year's tax return only if self-employed
Other income	A current benefit check or award letter ■ copies of child support or alimony checks ■ alimony checks
Housing and other bills	Mortgage or rent receipts ■ lease or statement from your landlord ■ property tax statement ■ utility bills
Medical bills	Only needed for household members who are aged 60 years or older or permanently disabled ■ billing statement ■ itemized receipts
Immigration status	A document that shows your lawful immigration status
Social Security numbers	Social Security cards

12. Submit Application – To submit your application, you must provide an electronic signature for your application. Check the check box and enter your name in the space provided to e-sign (electronically sign) your application.
13. Click the  button. A message will appear to show that you have successfully submitted your application. The message will also provide a reference number and the option to print your application.

Benefits Application

Submit Application
Finally, electronically sign and submit your application.

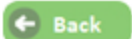
*** Electronic Signature**
I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this application is true, correct, and complete.


I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. The electronic signature should be that of an adult household member or Authorized Representative.


☐ By checking this box and typing my name below, I am electronically signing my application.

First Name	Middle Initial (optional)	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Application

Exit **Help** 

Click the  **Print** button to print a copy of the information page.

Click the  **Next** button to return to your Home Page.

Application Submitted

Jane, you are done.

Thank You

Thank you for using SCMAPP. Please print a copy of this page and keep for your records.

Your tracking information is:

Reference:

Date:

Time:

Your application has been submitted to the following programs.



Print

Please print a copy of each application for your records.



Exit



Help



Submit

[Go back to home page.](#)

Next




Registered Users

My Home Page

My home page has 3 sections:


- What would you like to do?
- Continue working on what I started.
- Things I have completed.



South Carolina Multi-Agency Partnership Portal

English | En Español

Home Benefits Contact Us Log Out



My Home Page

What would you like to do?

[Find out if you might be eligible for benefits.](#) | [Apply for benefits.](#) | [Change your password.](#)

Continue working on what I started.

You recently worked on the following items. You can continue working on the item by clicking 'Select'

	Case Number	Reference ID	Type	Save Date
Select			Benefits Application(SNAP,TANF)	
Select			Eligibility Screening	

Things I have completed.

You recently completed a _____ the following items. You can view the item by clicking 'Print'.

	Case Number	Reference ID	Type	Save Date
Print			Benefits Application(SNAP,TANF)	
Print			Benefits Application(SNAP,TANF,RA)	

[Home](#) | [Am I Eligible?](#) | [Apply for Benefits](#) | [Find an office](#) | [Get a paper form](#) | [Quick Reference Guide](#) | [Browser Compatibility](#)
[Contact Us](#) | [Privacy Policy](#) | [Accessibility](#) | [Civil Rights statement](#) | [Community Based Organizations](#)

What would you like to do?

There are three links available:

- Find out if you might be eligible for benefits - clicking this link will take you to the Am I Eligible tool

- Apply for benefits, if you are not currently receiving SNAP (food benefits). – clicking this link will take you to the SCMAP online application.
- Change your password – clicking this link will take allow you to change your password.

Continue working on what I started.

This section shows items that you have been working on. Click on the Select link to continue working on the item.

Continue working on what I started.

You recently worked on the following items. You can continue working on the item by clicking 'Select'

	Case Number	Reference ID	Type	Save Date
Select		000000705	Benefits Application(SNAP,TANF)	9/29/2011
Select		000000789	Eligibility Screening	10/31/2011

Things I have completed.

This section will display a list of items that have been submitted. You will have the option to print your submitted application for your records.

Things I have completed.

You recently completed and submitted the following items. You can view the item by clicking 'Print'.

	Case Number	Reference ID	Type	Save Date
Print		000000700	Benefits Application(SNAP,TANF)	9/28/2011
Print		000000790	Benefits Application(SNAP,TANF,RA)	10/31/2011